State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2019 SEP - 3 P 12:46

1. Entity ID Number	2. Exact name of the Corporation
000794352	ESi Acquisition, Inc.

3. Principal Office Address	City	State	Zip
235 Peachtree St. NE, Suite 2300	Atlanta	GA	30303

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541511	Market and sell software and services
5. State of Incorporation: DE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Robert Watson	Nicholas Meeks
Street Address: 235 Peachtree St. NE, Suite 2300	Street Address: 235 Peachtree St., Suite 2300
City: Atlanta; State: GA; Zip: 30303	City: Atlanta; State: GA; Zip: 30303
Secretary Name: Jordan Cipala	Treasurer Name:
Street Address: 235 Peachtree St. NE, Suite 2300	Street Address:
City: Atlanta; State: GA; Zip: 30303	City: ; State: ; Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Robert Watson	Nicholas Meeks
Street Address: 235 Peachtree St. NE, Suite 2300	Street Address: 235 Peachtree St. NE, Suite 2300
City: Atlanta; State: GA; Zip: 30303	City: Atlanta; State: GA; Zip: 30303
Director Name: Jordan Cipala	Director Name:
Street Address: 235 Peachtree St. NE, Suite 2300	Street Address:
City: Atlanta; State: GA; Zip: 30303	City: ; State: ; Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	CWP	$0.01

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Jordan Cipala	5/28/19

Signature of Authorized Representative HERE

FILED
SEP 03 2019
BY KL SMCKZ
12:46

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017